KENT COUNTY HEALTH DEPARTMENT

EPI FOCUS

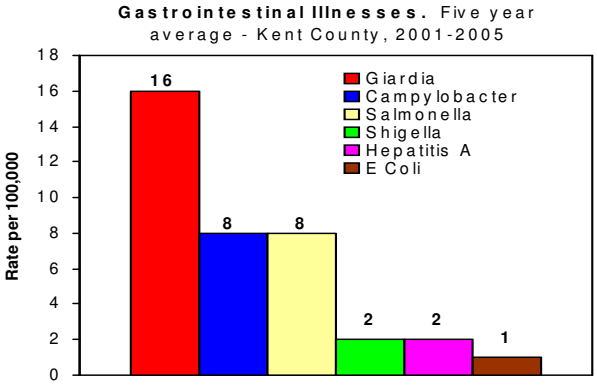
Volume 8, Issue 1
Special Edition 2007

2005 COMMUNICABLE DISEASE REPORT EXECUTIVE SUMMARY

Prevention and control of communicable disease is a necessary and critical aspect of assuring community health, and is an affirmative duty of local public health departments. To this end, the Kent County Health Department (KCHD) monitors the occurrence of specific diseases on a community-wide basis. As a health care provider in Kent County, you are a critical component of our surveillance system. As such, it is important that KCHD provide feedback on disease trends in our community. This special edition of EpiFocus provides surveillance data on the following diseases: giardiasis, chlamydia, gonorrhea, pertussis, acute hepatitis B, tuberculosis, and aseptic meningitis. The complete 2005 Kent County Communicable Disease Summary can be found at www.accesskent.com/CDSummary05. Please take a moment to review these data and contact us at 616-632-7228 should you have any questions or comments.

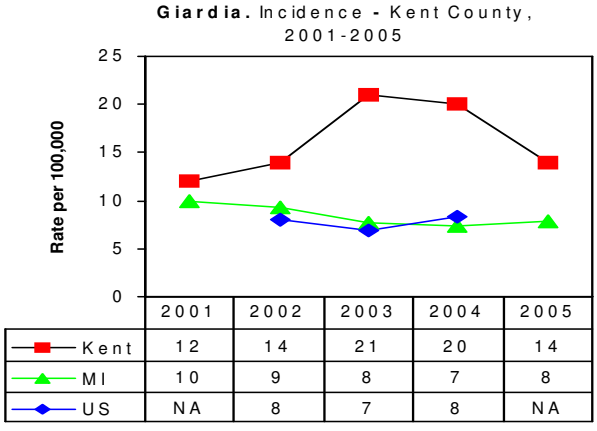
What are reportable diseases?

A reportable disease (see insert) is any disease, condition, infection or suspect occurrence of disease that is required under Michigan State Law (Section 5111 of Act. No. 368 of the Public Acts of 1978, as amended, being 333.511 of the Michigan Compiled laws) to be reported by physicians, laboratories, schools, daycare centers, and camps to the local health department.



Gastrointestinal Illnesses

Gastrointestinal illnesses are caused by a variety of infectious agents. In many cases, however, the causative agent is never identified. Health care providers can help identify clusters of patients with illness resulting from a common event or meal by considering foodborne illness in the differential diagnosis of gastrointestinal illness.

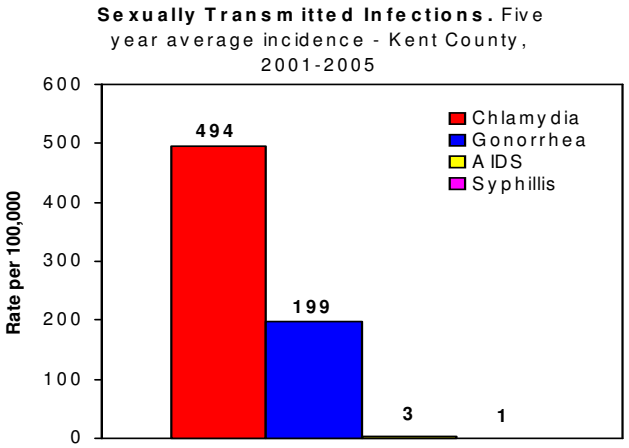


	2001	2002	2003	2004	2005
Kent	12	14	21	20	14
MI	10	9	8	7	8
US	NA	8	7	8	NA

Giardia lamblia

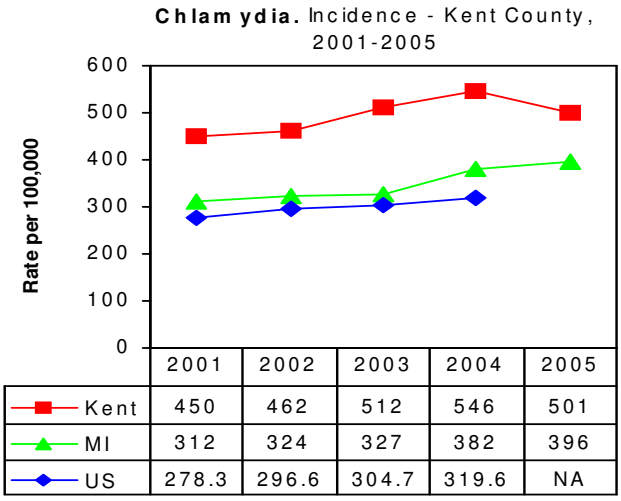
Since 2001, the incidence rate of *Giardia lamblia* infection in Kent County has been considerably higher than the rates in Michigan and the United States. In 2005, a total of 86 giardia infections were reported in Kent County and there was an average of 96 cases reported per year from 2001-05. Children are affected more frequently than adults and infections occur most frequently in the early summer through early fall.

Studies at KCHD indicate that the higher incidence of cases results from foreign-born individuals who have relocated to Kent County. Every refugee entering Kent County is tested at the health department and positive results from this program account for nearly half of the reported *G. lamblia* infections in Kent County.



Sexually Transmitted Infections

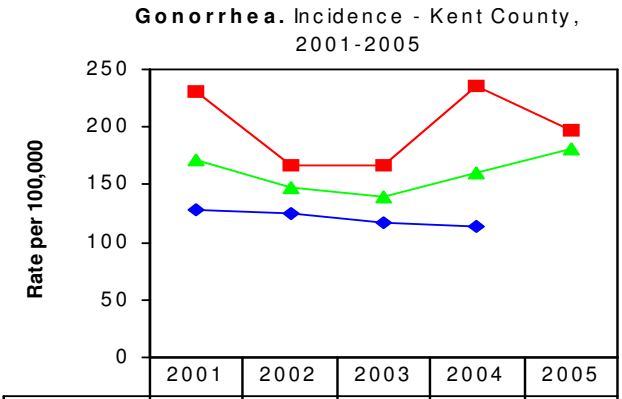
KCHD offers testing for chlamydia, gonorrhea, syphilis, and HIV. In addition to testing, the department provides assistance in contacting partners of individuals that have been diagnosed with an STI. Treatment and counseling services are also provided. Health care providers can obtain appropriate reporting forms from the health department and should report all confirmed cases of chlamydia, gonorrhea, syphilis and HIV to the health department by mailing the completed forms.



	2001	2002	2003	2004	2005
Kent	450	462	512	546	501
MI	312	324	327	382	396
US	278.3	296.6	304.7	319.6	NA

Chlamydia

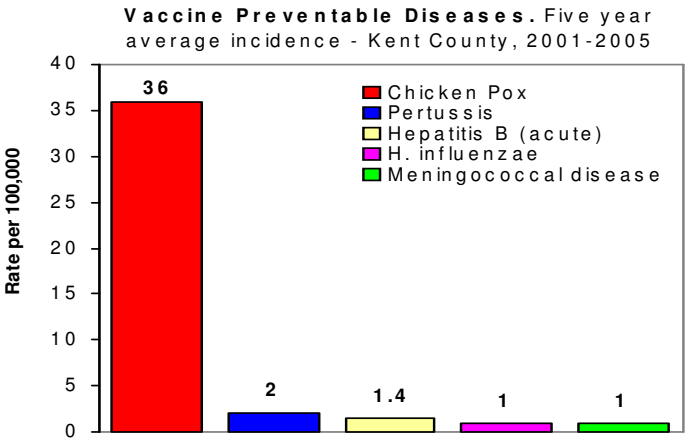
Kent County chlamydia rates have increased since 2001. Similar increases have been seen in Michigan and the country as a whole. These increases are likely associated with more screening programs and improved diagnostic tests that are more sensitive. In Kent County, 2,878 individuals were reported to have chlamydia in 2005, and there was an average of 2,841 case reports per year from 2001-2005. The number of case reports peaked in 2004 with 3,136 cases. Due to the fact there may be no symptoms with the infection, it is likely that many infections go unreported, highlighting the need for annual screenings.



	2001	2002	2003	2004	2005
Kent	230	167	166	235	197
MI	172	148	140	161	181
US	129	125	116	114	NA

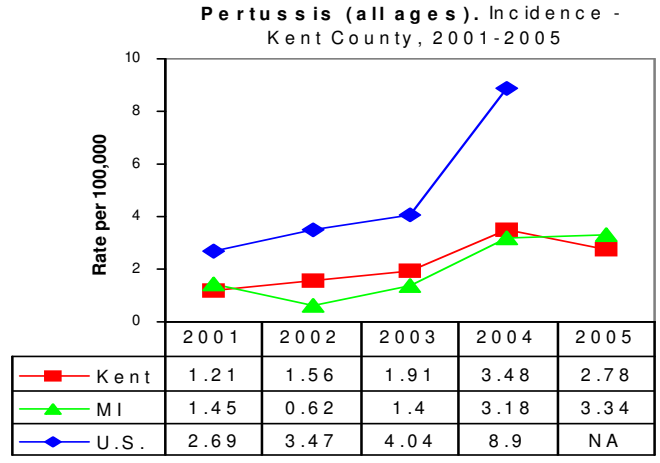
Gonorrhea

There were 1,139 individuals affected by gonorrhea in 2005 and an average of 1,146 cases reported per year from 2001-2005. In the U.S., the greatest rates of infection occurred among teenagers, young adults, and African Americans. Since 1994, fluoroquinolone-resistant cases have been emerging. The cases were initially seen in Hong Kong, the Phillipines, and Thailand, but have now been seen in the U.S., including Kent County. Increases in resistant infections have been noted among men who have sex with men (MSM). Fluoroquinolones are no longer recommended in California and Hawaii, for infections among MSMs or for infections acquired abroad.



Vaccine Preventable Diseases

Prevention of many vaccine preventable diseases (VPDs) occurs not only through immunization, but also through post-exposure prophylaxis of individuals identified as contacts of confirmed cases. KCHD performs contact investigations on all confirmed reports of pertussis, meningococcal disease, *Haemophilus influenzae* infection, acute hepatitis A and hepatitis B (either acute or in a pregnant woman). For a pregnant woman with Hepatitis B, KCHD follows her infant after birth to ensure appropriate prophylaxis (immunoglobulin) and a complete vaccination series.

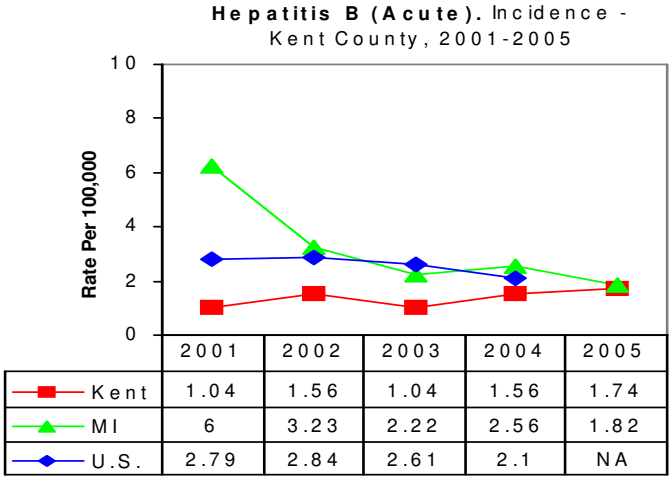


	2001	2002	2003	2004	2005
Kent	1.21	1.56	1.91	3.48	2.78
MI	1.45	0.62	1.4	3.18	3.34
U.S.	2.69	3.47	4.04	8.9	NA

Pertussis

Pertussis rates have been increasing since 2001. It is not clear if this is a true increase in disease incidence or is due to better reporting. In Kent County, there were nine cases of pertussis reported in 2005 and an average of nine cases reported per year from 2001-2005. Of the cases where age was reported, 17 % of cases were <6 months old. These infants were too young to have received their complete vaccination series.

Physicians are encouraged to consider pertussis in the differential diagnosis of patients with respiratory illness. Suspected cases of pertussis should receive a culture via nasopharyngeal swab or aspirate. Except in rare instances, serologic methods are not appropriate for diagnosis of pertussis.



	2001	2002	2003	2004	2005
Kent	1.04	1.56	1.04	1.56	1.74
MI	6	3.23	2.22	2.56	1.82
U.S.	2.79	2.84	2.61	2.1	NA

Hepatitis B

Kent County saw a slight increase in rates of acute Hepatitis B since 2001. There were 10 cases reported in 2005 and an average of eight cases reported per year from 2001-2005. Michigan and the U.S. saw decreases during the same time period. This decrease is thought to be associated with the execution of a national plan to eliminate Hepatitis B calling for increased vaccination and for all pregnant women to be screened for infection. All infants born to infected mothers are to be given immunoglobulin and the first dose of vaccine within 12 hours of birth. These infants should also complete their vaccination series by six months of age. Despite these efforts in Kent County, there was one case of perinatal transmission to an infant in 2004.

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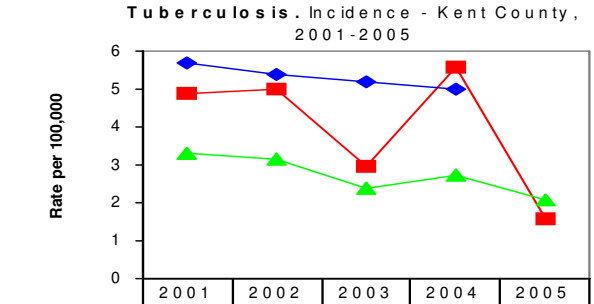
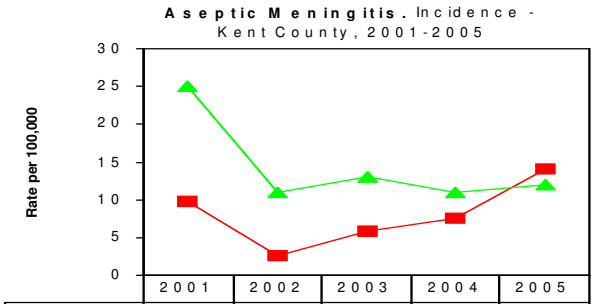


	2001	2002	2003	2004	2005
Kent	4.9	5	2.95	5.57	1.56
MI	3.3	3.16	2.4	2.73	2.06
U.S.	5.7	5.4	5.2	5	NA

Tuberculosis

Overall, the rate of tuberculosis (TB) has decreased in Kent County, the state and the nation. In Kent County, there were 10 new cases of TB reported in 2005. There was an average of 23 cases reported per year from 2001-2005. Nationally, foreign-born persons made up 53% of cases in 2003. This was an increase from 1993 when foreign-born individuals represented 29% of the national case total.



	2001	2002	2003	2004	2005
Kent	9.75	2.61	5.91	7.48	14
MI	25	11	13	11	12

Aseptic meningitis

Since 2002, the rate of aseptic meningitis has increased in both Kent County and Michigan. Aseptic meningitis is not nationally reportable. In Kent County, there were 63 cases of aseptic meningitis reported in 2005. There was an average of 41 cases reported per year from 2001-2005. Traditionally, cases of aseptic meningitis increase in late summer/early fall. Due to the absence of laboratory identification of an infectious agent in many cases of aseptic meningitis, it is imperative that physicians aid in the reporting of diagnosed cases to the local health department.